Lawrence scale. The sample was divided in two groups A and B. Group A with patients who accept knee replacement surgery as a potential therapeutic intervention for their knee OA,'and group B with patients who do not accept it. The variables were analyzed using statistical analysis system (SPSS), we used Levine test and t-student to determine statistical difference between means.
Results: In our sample, we found that group B (71.74%) was significant higher than group A (28.26%) (p = 0.0025). In group B (n=33), 59% patients were in grade 3-4 and 33% in grade 2, according to K&L scale. Mean (±SD). Their age was 68.24 (±8.06), BMI: 28.57 (±5.06), pain duration: 5.31y (±5.59), stiffness duration: 1.64y (±2.21), physical disabilities duration: 1.76y (±2.04), global pain: 5.51 (±1.41), WOMAC pain: 20.42 (±9.14), WOMAC stiffness: 4.97 (±4.41), WOMAC function: 63.24 (±33.20), WOMAC index: 37 (±18), patient global assessment: 5.75 (±1.4). In group A (n=13), 58% patients were in grade 3-4 and 41% in grade 2, according to K&L scale. Mean (±SD). Their age was 61.62y (±7.69), BMI: 28.49 (±3.99), pain duration: 4.17y (±3.92), stiffness duration: 1.67y (±2.44), physical disabilities duration: 1.35y (±2.56), global pain: 6.24 (±2.44), WOMAC pain: 20.27 (±11.78), WOMAC stiffness: 6.43 (±6.19), WOMAC function: 62.88 (±45.19), WOMAC index: 37 (±26), patient global assessment: 5.60 (±3.05). The analysis of the difference between means showed to be significant ($p<0.05$) for the variable age. Other variables did not show statistically significant differences.
Conclusion: In this sample of patients with knee OA, a significant higher number of patients do not accept knee replacement surgery as a potential therapeutic intervention for their disease. The age seems to be a significant factor on this response, being elder people who do not accept this surgery, whereas younger do it. Our findings highlight the relevance of non-surgical interventions in peruvian patients with knee OA

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AN EPIDEMIOLOGICAL STUDY OF OSTEOPOROSIS IN 1230 PATIENTS: PREVALENCE OF HAND OSTEOARTHRITIS

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Objectives: Evaluathe the epidemiological, clinical, and densitometric characteristics and the associated risk factors in a population of patients diagnosed of Osteoporosis (OP) attending an outpatient rheumatology clinic.
Methods: All patients with a densitometric diagnosis of OP seen at a rheumatology clinic for 16 months were evaluated using specific software for monitoring OP patients. The collected data included age, risk factors for osteoporosis, associated vertebral, non-vertebral and hip fractures, concomitant diseases, and densitometric values obtained using DEXA.
Results: A total of 1230 patients were studied. They were all women. Of these, 22.69% were under 56 years of age, and 2.21% were older than 80 years. No associated risk factors were reported by 26.7% of women. A history of fragility fractures – of which 33.57% were vertebral, 3.25% hip, and 63.18% non-vertebral fractures – was found in 25.9% of patients. A history of early menopause was elicited in 19.97% of patients.
Among patients with vertebral fractures, 61.29% had a DEXA with T values <-2.5 in the lumbar spine.
Of patients with hip fracture, 55.56% had DEXA with T<-2.5 in the hip.
Among patients with non-vertebral fractures, 30.29% had a T value <-2.5 in the lumbar spine and hip.
The most prevalent concomitant diseases included hyperlipidemia 14.55%, HBP 13.25%, and interphalangeal nodules 11.74%.
Conclusion: Women under 56 years represented the largest group of patients seen at an outpatient rheumatology clinic. Association of osteoporotic fracture with DEXA values in the osteoporotic range is low. Interphalangeal nodules were seen in 11.74% of patients.

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JOINT PAIN-RELATED IMPAIRMENT AND COLON CANCER: A POPULATION-BASED STUDY

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Aim of Study: Joint pain, which is prevalent in many societies, can severely impair occupational, family, and social functioning and adversely affects quality of life. Research is needed to assess the impact of joint pain on individuals who suffer chronic diseases, such as cancer, diabetes, and cardiovascular disease. To what extent do persons suffering from chronic diseases also experience substantial impairment in their social, family, and occupational functioning and decreased quality of life due to joint pain? What levels of joint pain frequency and severity result in impairment in functioning among persons with co-morbid health problems? The effects of joint pain may be mediated by other factors such as gender, race/ethnicity, age, occupation, and physical activity. More research is also needed to evaluate the relative effects of these factors on joint pain impairment in persons with chronic diseases. The following study tests the null hypothesis that joint pain is not associated with mobility impairment in persons with colon cancer after controlling for possible predictor variables.
Methods: The findings from the population-based 1998 National Health Interview Survey (N=30,534 adults) were used. Descriptive and correlational procedures evaluated the possible association between pain aching at joints in the past 12 months and difficulty walking 1/4 mile without special equipment in persons with a history of colon cancer after adjusting for age, gender, and other predictors.
Results: The null hypothesis was rejected. Persons with colon cancer who suffered joint pain in the past 12 months were more than twice as likely to report that they cannot walk 1/4 mile without special equipment (24.5%) than those persons with colon cancer who did not have joint pain (10.7%) (Chi-Square=11.16, df=3, $p<.01$). These differences in mobility impairment remained significant after controlling for age, gender, and other predictor variables.
Conclusions: These findings highlight the need to assess and manage possible joint pain-related mobility impairment in persons with colon cancer. Further research will show the extent to which joint pain is also associated with major mobility impairment in persons with other chronic diseases.